

**Acquired Brain Injury  
Provider Type 17  
907 KAR 3:090  
907 KAR 3:100**

**Information about the program:**

- All Acquired Brain Injury providers must contact Department for Mental Health and Mental Retardation Services for certification and survey.
- DMS will not assign a provider number until a survey is received from MH/MR.
- The facility administrator or director must sign all forms.
- Provider must have "bricks and mortar".
- Out-of-state providers may not enroll.
- Provider can only be an entity - NO INDIVIDUALS

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- W-9
- Annual Certification letter from MH/MR
- Map-4100
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602